

## **Presentation Equipment Request**

Name:					
Phone:				_	
Address:					
E-mail Address:					
Project Name:					
Date of Meeting:				_	
Location of Meeting:					
Type of Meeting:			Staff Liaison:		
City Council			City Secretary - Connie Hooks		
Planning & Zoning Commission			Development Manager - Natalie Ruiz		
Zoning Board of Adjustment			Development Manager - Natalie Ruiz		
☐ Historic Preservation Co	Historic Preservation Committee			Neighborhood Planner - Kate Elrod	
Design Review Board			Development Manager - Natalie Ruiz		
Project Review Committee			Development Manager - Natalie Ruiz		
Parks Board	Parks Board			Assistant Parks Director - Ric Pleoger	
<ul><li>Development Project M with Surrounding Neighl</li><li>(Facilitation requested of City -</li></ul>	oorhood		-	ager - Natalie Ruiz n is completed.)	
Other; Please explain.					
Equipment Requested:			City Secretary - Co Development Man	onnie Hooks or ager - Natalie Ruiz	
Dry erase board		Manual	slides _	Easels #	
U Video		Overhea	nd _	Other	
PowerPoint (Contact the A)	ction Ce	enter at 76	64-3457 to coordina	ate.)	
Return request form to the apmeeting. Not all equipment is liaison for the meeting in advan	availab	ole at eac	h City facility. Cor		
Signature			Date		